

mouth and still more in the stomach, and appears unmodified in the stools. The stools become softer and more watery, and are usually passed much more readily. The agar does not irritate the alimentary canal in the least (as much as 25 gm. of the dry agar were taken daily in some of the tests without disturbance). When ingested in the form of a powder it is liable to cause diarrhoea and occasionally colic, probably from the more rapid and intense swelling of the agar. The stools become soft and copious, but the intestines have been so long accustomed to the constipation that they do not respond readily to stimuli. Consequently, although the stools have the normal aspect they are not passed spontaneously in every case. To remedy this he added a very small amount of a 25 per cent. aqueous extract of cascara to the agar—not enough to have a purgative action, but merely enough to supply the stimulation realized by the natural putrefaction in normal stools, but missing in these cases.”

Dr. Herman A. Bear, in a paper on constipation in the *New York and Philadelphia Medical Journal*, recommends rubbing about 45 grains of powdered boric acid into the previously washed mucous membrane of the anus. When the mucous membrane cannot be seen at the anus the powder must be insufflated. In about three hours strong peristaltic movements are observed, resulting in three or four evacuations a day.

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THE PERMEABILITY TO BACTERIA OF SURGEONS' RUBBER GLOVES.—The *Medical Record*, quoting from the *American Journal of the Medical Sciences*, says: “Herbert Fox and Edward A. Schumann as a result of their experiments conclude that rubber gloves are absolute barriers, against wound infection by the hand of the surgeon in so far that they are absolutely bacteria proof. Any infection which occurs must be introduced into the wound from some point not protected by a glove. In one of these experiments whole gloves were placed in bouillon about half-way to the wrist and bouillon poured into three to the same height. The gauntlet was turned over the edge of the flask and tightly tied; a breaker was inverted over the cotton stopper to avoid any risk of external infection. Unless the glove is greased at the surface which comes in contact with the cotton, the rubber will pull when the stopper is removed. Sterilization was accomplished in the Arnold apparatus, three days being devoted to this process. The bouillon within the gloves was then inoculated with *B. coli communis* and *Staphylococcus pyogenes albus* and allowed to grow forty-eight hours. Cultures were then made

from within and without the gloves. Those from within showed a pure culture of the germ. The latter were sterile. Like results followed the repetition of this experiment."

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ADJUNCT TO FRESH-AIR TREATMENT FOR CONSUMPTION.—The *Journal of the American Medical Association*, in a synopsis of a paper in *Medicine*, Chicago says: "There are many reasons, says Carpenter, why persons suffering from pulmonary tuberculosis can not leave their home for a more suitable climate. To give such patients all the fresh air possible and permit them to remain indoors, Carpenter devised an apparatus of simple construction, which consists of tubes large enough for the passage of air at normal air pressure, and light enough to be easily handled. The face piece, or mask, can have a transparent front, and is supported by a net cap, which will hold it firm in all positions. Large valves control the passage of air. The tubes are composed of coiled aluminum wire, covered with a light fabric which is impervious to air. These tubes are conducted to a panel which is fitted in an open window, with a suitable aperture to receive it, and a protecting hood on the outside. Openings can also be made through the outside wall of a bedroom to the outer air, choosing a side where the sun shines. The tubes may be detached from the opening, and the opening closed, and the apparatus can be carried to another part of the house and attached to an opening through the wall or panelled window. The mask is so arranged that it can be detached from the net cap, which is convenient in case of a desire to cough or to expectorate. The inhalation tube can be large and contain the exhalation tube, so that but one tube is in sight, and yet all exhalations are carried to the outside of the house. With this contrivance it is possible for patients to have fresh air, no matter what the state of the weather. They can also enjoy a sun bath in a superheated room, if desired, and inhale fresh air at the same time."

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DISCLOSURE OF PROFESSIONAL INFORMATION.—Chapter 331 of the Laws of New York of 1905 amends Section 834 of the code of civil procedure to read as follows: A person duly authorized to practice physic or surgery, or a professional or registered nurse, shall not be allowed to disclose any information which he acquired in attending a patient